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3 Subject: Health; health information technology; Department of Vermont

4 Health Access; Vermont Information Technology Leaders; Green

5 Mountain Care Board; health information exchange

6 Statement of purpose of bill as introduced: This bill proposes to require the

Department of Vermont Health Access and the Vermont Information

8 Technology Leaders, Inc. (VITL) to submit to the General Assembly a work

plan, a contingency plan, and bimonthly progress reports regarding their efforts

to implement systemic improvements to health information technology and

health information exchange in Vermont. It would also require them to

provide testimony on their progress to the Health Reform Oversight

Committee. It would shift responsibility for Vermont's Health Information

14 Technology Plan from the Agency of Administration to the Department of

Vermont Health Access and require approval by the Green Mountain Care

Board. The bill would extend a portion of the health care claims tax that is

dedicated to health information technology through July 1, 2019. In the

absence of contrary legislative action during the 2019 legislative session, it

would also sunset VITL's statutory authority on July 1, 2019, including

VITL's role as operator of the State's health information exchange network

and its eligibility to use funds from the Health IT-Fund.

2	An act relating to health information technology and health information exchange
3	It is hereby enacted by the General Assembly of the State of Vermont:
4	Sec. 1. HEALTH INFORMATION TECHNOLOGY; HEALTH
5	INFORMATION EXCHANGE; PROGRESS REPORTS
6	(a) On or before May 1, 2018, the Department of Vermont Health Access
7	and the Vermont Information Technology Leaders, Inc. (VITL) shall submit to
8	the House Committees on Appropriations, on Health Care, and on Ways and
9	Means; the Senate Committees on Appropriations, on Health and Welfare, and
10	on Finance; and the Green Mountain Care Board a work plan detailing the
11	process by which the Department and VITL shall implement the
12	recommendations of the health information technology report submitted to the
13	General Assembly in accordance with 2017 Acts and Resolves No. 73, Sec. 15
14	(Act 73 report). The work plan shall be informed by stakeholder and consumer
15	input and by technology options and opportunities, and. The Plan shall
16	identify proposed resolutions regarding potential steps for addressing
17	issues of data ownership and issues of intellectual property. It shall also set
18	forth both a timeline of tasks to be completed and a list of clear objectives to
19	assist the General Assembly in evaluating the success or failure of the parties'
20	work.
21	(b) On or before September 1, 2018, the Department of Vermont Health
22	Access and VITL shall submit to the House Committees on Appropriations, on

1	Health Care, and on Ways and Means; the Senate Committees on
2	Appropriations, on Health and Welfare, and on Finance; the Health Reform
3	Oversight Committee; and the Green Mountain Care Board a contingency plan
4	for health information technology to be used if the Department and VITL are
5	unable to implement the recommendations from the Act 73 report. The
6	contingency plan shall contain the following:
7	(1) a description of the health information exchange services that would
8	need to be replaced;
9	(2) a process for determining the manner in which the services would be
10	replaced and the mechanism for acquiring the replacement services, such as a
11	request for proposals;
12	(3) an assessment of the State's ownership interests in hardware
13	systems, software systems, applications, data, and other physical and
14	intellectual property that would need to be licensed to a future operator of
15	Vermont's health information exchange;
16	(4) a plan for transitioning operations from VITL to the new operator or
17	operators; and
18	(5) the impacts of the change on health care providers, health care
19	consumers, State government, and Vermont's health care reform initiatives.
20	(c) On or before October 15, 2018, the Department of Vermont Health
21	Access shall submit to the House Committees on Appropriations, on Health

1	Care, and on Ways and Means; the Senate Committees on Appropriations, on
2	Health and Welfare, and on Finance; the Health Reform Oversight Committee;
3	and the Green Mountain Care Board the results of an evaluation, which shall
4	be conducted by an independent entity with expertise in health information
5	technology, of the work plan, the contingency plan, and the Department's and
6	VITL's progress toward implementing the recommendations in the Act 73
7	report.
8	(d) On or before May 1, July 1, September 1, and November 1, 2018 and
9	January 1, 2019, the Department of Vermont Health Access and VITL shall
10	provide to the House Committees on Appropriations, on Health Care, and on
11	Ways and Means; the Senate Committees on Appropriations, on Health and
12	Welfare, and on Finance; the Health Reform Oversight Committee; and the
13	Green Mountain Care Board written updates on their progress toward
14	implementing the recommendations contained in the Act 73 report.
15	(e) In addition to the written updates required by subsection (d) of this
16	section, the Department of Vermont Health Access and VITL shall provide
17	testimony on their progress toward implementing the recommendations
18	contained in the Act 73 report at a meeting of the Health Reform Oversight
19	Committee at least once every two months or more frequently if so requested
20	by the Committee. The testimony at the Committee's first meeting after the
21	General Assembly has adjourned in 2018 shall also include information

1	regarding the work plan required by subsection (a) of this section, and the
2	testimony at the Committee's first meeting after September 1, 2018 shall also
3	include information regarding the contingency plan required by subsection (b)
4	of this section.
5	Sec. 2. 18 V.S.A. § 9351 is amended to read:
6	§ 9351. HEALTH INFORMATION TECHNOLOGY PLAN
7	(a)(1) The Secretary of Administration or designee Department of Vermont
8	Health Access, in consultation with the Department's Health Information
9	Exchange Steering Committee, shall be responsible for the overall
10	coordination of Vermont's statewide Health Information Technology Plan.
11	The Plan shall be revised annually and updated comprehensively every five
12	years to provide a strategic vision for clinical health information technology.
13	(2) The Department shall submit the proposed Plan to the Green
14	Mountain Care Board annually on or before November 1. The Green
15	Mountain Care Board shall approve, modify, or request modifications to the
16	Plan within 45 days following its submission; if the Board has taken no action
17	to approve, modify, or reject the Plan after 45 days, the Plan shall be
18	deemed to have been approved.
19	(3) The Secretary or designee Department, in consultation with the
20	Steering Committee, shall administer the Plan, which shall include the
21	implementation of an integrated electronic health information infrastructure for

the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients. The Plan shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.

* * *

Department of Vermont Health Access, in consultation with the Steering

Committee and subject to Green Mountain Care Board approval, may propose updates to the Plan in addition to the annual updates as needed to reflect emerging technologies, the State's changing needs, and such other areas as the Secretary or designee Department deems appropriate. The Secretary or designee Department shall solicit recommendations from Vermont Information Technology Leaders, Inc. (VITL) and other entities interested stakeholders in order to update propose updates to the Health Information Technology Plan pursuant to subsection (a) of this section and to this subsection, including applicable standards, protocols, and pilot programs, and following approval of the proposed updates by the Green Mountain Care Board, may enter into a contract or grant agreement with VITL or other appropriate entities to update some or all of the Plan. Upon approval by the Secretary of the updated Plan by

1	the Green Mountain Care Board, the Department of Vermont Health Access
2	shall distribute the updated Plan shall be distributed to the Secretary of
3	Administration; the Commissioner of Information and Innovation; the
4	Commissioner of Financial Regulation; the Commissioner of Vermont Health
5	Access; the Secretary of Human Services; the Commissioner of Health; the
6	Commissioner of Mental Health; the Commissioner of Disabilities, Aging, and
7	Independent Living; the Senate Committee on Health and Welfare; the House
8	Committee on Health Care; affected parties; and interested stakeholders.
9	Unless major modifications are required, the Secretary Department may
10	present updated information about the Plan to the Green Mountain Care Board
11	and legislative committees of jurisdiction in lieu of creating a written report.
12	* * *
13	Sec. 3. 18 V.S.A. § 9352 is amended to read:
14	§ 9352. VERMONT INFORMATION TECHNOLOGY LEADERS
15	* * *
16	(c)(1) Health information exchange operation. VITL shall be designated in
17	the Health Information Technology Plan approved by the Green Mountain
18	Care Board pursuant to section 9351 of this title to operate the exclusive
19	statewide health information exchange network for this State. The Plan shall
20	determine the manner in which Vermont's health information exchange
21	network shall be managed. After the The Green Mountain Care Board

1 approves shall have the authority to approve VITL's core activities and budget 2 pursuant to chapter 220 of this title, the Secretary of Administration or 3 designee shall enter into procurement grant agreements with VITL pursuant to 4 8 V.S.A. § 4089k. Nothing in this chapter shall impede local community 5 providers from the exchange of electronic medical data. 6 (2) Notwithstanding any provision of 3 V.S.A. § 2222 or 2283b to the 7 contrary, upon request of the Secretary of Administration, the Department of 8 Information and Innovation shall review VITL's technology for security, 9 privacy, and interoperability with State government information technology, 10 consistent with the State's health information technology plan required by 11 section 9351 of this title. 12 (d) Privacy. The standards and protocols implemented by VITL shall be 13 consistent with those adopted by the statewide Health Information Technology 14 Plan pursuant to subsection 9351(e) of this title. (e) Report. No later than On or before January 15 of each year, VITL shall 15 16 file a report with the Green Mountain Care Board; the Secretary of 17 Administration; the Commissioner of Information and Innovation; the 18 Commissioner of Financial Regulation; the Commissioner of Vermont Health 19 Access; the Secretary of Human Services; the Commissioner of Health; the 20 Commissioner of Mental Health; the Commissioner of Disabilities, Aging, and

Independent Living; the Senate Committee on Health and Welfare; and the

1 House Committee on Health Care. The report shall include an assessment of 2 progress in implementing health information technology in Vermont and 3 recommendations for additional funding and legislation required. In addition, 4 VITL shall publish minutes of VITL meetings and any other relevant 5 information on a public website. The provisions of 2 V.S.A. § 20(d) 6 (expiration of required reports) shall not apply to the report to be made under 7 this subsection. 8 (f) Funding authorization. VITL is authorized to seek matching funds to 9 assist with carrying out the purposes of this section. In addition, it may accept 10 any and all donations, gifts, and grants of money, equipment, supplies, 11 materials, and services from the federal or any local government, or any 12 agency thereof, and from any person, firm, foundation, or corporation for any 13 of its purposes and functions under this section and may receive and use the 14 same, subject to the terms, conditions, and regulations governing such 15 donations, gifts, and grants. VITL shall not use any State funds for health care 16 consumer advertising, marketing, or similar services unless necessary to 17 comply with the terms of a contract or grant that requires a contribution of 18 State funds. 19 (g) Waivers. The Secretary of Administration Human Services or 20 designee, in consultation with VITL, may seek any waivers of federal law, of

rule, or of regulation that might assist with implementation of this section.

26 V.S.A. chapter 23 or 33;

1	(h) [Repealed.]
2	(i) Certification of meaningful use and connectivity.
3	(1) To the extent necessary to support Vermont's health care reform
4	goals or as required by federal law, VITL shall be authorized to certify the
5	meaningful use of health information technology and electronic health records
6	by health care providers licensed in Vermont.
7	(2) VITL, in consultation with health care providers and health care
8	facilities, shall establish criteria for creating or maintaining connectivity to the
9	State's health information exchange network. VITL shall provide the criteria
10	annually by on or before March 1 to the Green Mountain Care Board
11	established pursuant to chapter 220 of this title.
12	(j) Scope of activities. VITL and any person who serves as a member,
13	director, officer, or employee of VITL with or without compensation shall not
14	be considered a health care provider as defined in subdivision 9432 of this title
15	for purposes of any action taken in good faith pursuant to or in reliance upon
16	provisions of this section relating to VITL's:
17	(1) governance;
18	(2) electronic exchange of health information and operation of the
19	statewide Health Information Exchange Network as long as nothing in such
20	exchange or operation constitutes the practice of medicine pursuant to

1	(3) implementation of privacy provisions;
2	(4) funding authority;
3	(5) application for waivers of federal law;
4	(6) establishment and operation of a financing program providing
5	electronic health records systems to providers; or
6	(7) certification of health care providers' meaningful use of health
7	information technology.
8	Sec. 4. 18 V.S.A. § 9375(b) is amended to read:
9	(b) The Board shall have the following duties:
10	* * *
11	(2)(A) Review and approve Vermont's statewide Health Information
12	Technology Plan pursuant to section 9351 of this title to ensure that the
13	necessary infrastructure is in place to enable the State to achieve the principles
14	expressed in section 9371 of this title. In performing its review, the Board
15	shall consult with and consider any recommendations regarding the plan
16	received from the Vermont Information Technology Leaders, Inc. (VITL).
17	(B) Review and approve the criteria required for health care
18	providers and health care facilities to create or maintain connectivity to the
19	State's health information exchange as set forth in section 9352 of this title.
20	Within 90 days following this approval, the Board shall issue an order
21	explaining its decision.

1	(C) Annually review the budget and all activities of VITL and
2	approve the budget, consistent with available funds, and the core activities
3	associated with public funding, which shall include establishing the
4	interconnectivity of electronic medical records held by health care
5	professionals and the storage, management, and exchange of data received
6	from such health care professionals, for the purpose of improving the quality of
7	and efficiently providing health care to Vermonters of the Vermont
8	Information Technology Leaders, Inc. (VITL). This review shall take into
9	account VITL's responsibilities pursuant to section 9352 of this title and the
10	availability of funds needed to support those responsibilities.
11	* * *
12	Sec. 5. 2013 Acts and Resolves No. 73, Sec. 60(10), as amended by 2017 Acts
13	and Resolves No. 73, Sec. 14, is further amended to read:
14	(10) Secs. 48-51 (health claims tax) shall take effect on July 1, 2013 and
15	52 and 53 (health claims tax revenue; Health IT-Fund; sunset) shall take effect
16	on July 1, 2018 <u>2019</u> .
17	Sec. 6. PROSPECTIVE REPEAL OF VITL STATUTE
18	In order to ensure successful implementation of the Act 73 report
19	recommendations as set forth in the work plan developed pursuant to Sec. 1 of
20	this act, and in the absence of 2019 legislative action to the contrary, 18 V.S.A.
21	§ 9352 is repealed on July 1, 2019.

- 1 Sec. 7. 32 V.S.A. § 10301 is amended to read:
- 2 § 10301. HEALTH IT-FUND

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- 3 (a) The Vermont Health IT-Fund is established in the State Treasury as a 4 special fund to be a source of funding for Medical Health Care Information 5 Technology Programs and initiatives such as those outlined in the Vermont 6 Health Information Technology Plan administered by the Secretary of 7 Administration or designee Department of Vermont Health Access. One 8 hundred percent of the Fund shall be disbursed for the advancement of health 9 information technology adoption and utilization in Vermont as appropriated by 10 the General Assembly, less any disbursements relating to the administration of 11 the Fund. The Fund shall be used for loans and grants to health care providers 12 pursuant to section 10302 of this chapter and for the development of programs 13 and initiatives sponsored by VITL and State entities designed to promote and 14 improve health care information technology, including:
 - (1) a program to provide electronic health information systems and practice management systems for health care and human service practitioners in Vermont;
 - (2) financial support for VITL to build and operate the health information exchange network;

1	(3) implementation of the Blueprint for Health information technology
2	initiatives, related public and mental health initiatives, and the advanced
3	medical home and community care team project; and
4	(4) consulting services for installation, integration, and clinical process
5	re-engineering relating to the utilization of health-care
6	information technology such as electronic health records.
7	* * *
8	(e) VITL and any other Any entity requesting disbursements from the
9	Health IT-Fund shall develop a detailed annual plan for proposed expenditures
10	from the Health IT-Fund for the upcoming fiscal year. The expenditure plan
11	shall be included within the context of the entity's overall budget, including all
12	revenue and expenditures.
13	* * *
14	(h) VITL and any other Any beneficiary receiving funding shall submit
15	quarterly expenditure reports to the Secretary of Administration and to the
16	Green Mountain Care Board, including a year-end report by on or before
17	August 1.
18	(i) Any primary care practitioner receiving an electronic health information
19	system, practice management system, or both pursuant to subdivision (a)(1) of
20	this section shall maximize usage of such system in accordance with the

guidelines developed by VITL. A practitioner who is determined by VITL to

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- be using the system to less than its full capacity shall be provided with an
- 2 opportunity for additional instruction as needed to enable full usage of the
- 3 system. If a practitioner is unwilling or unable to utilize the system to its full
- 4 capacity, such practitioner shall refund to VITL the State the fair market value
- 5 of the system.
- 6 Sec. 8. EFFECTIVE DATES
- 7 (a) Secs. 1–6 and this section shall take effect on passage.
- 8 (b) Sec. 7 (32 V.S.A. § 10301) shall take effect on July 1, 2019, but only if
- 9 the repeal of 18 V.S.A. § 9352 occurs as set forth in Sec. 6.